

APPENDIX B

MDS and QUARTERLY REVIEW FORMS FOR VERSION 2.0

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Background (Face Sheet) Information at Admissions	
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Discharge Tracking Form	
Reentry Tracking Form	

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	THE PERSON	iuei:	umer

BASIC ASSESSMENT TRACKING FORM

	CTION A	A. IDENT	IFICATION INFORM	MATION	
Ĭ	RESIDENT NAME				
-		a. (First)	b. (Middle Initial)	C. (Last)	d. (Jr/Sr)
L	2. GENDER	1. Male	2. Female		
L	3. BIRTHDATE	Month]-[]-	Year	<u>-</u>
L	4. RACE/O ETHNICITY	2. Asian/Pacifi 3. Black, not o	ndian/Alaskan Native c Islander f Hispanic origin	4. Hispanic 5. White, not of Hispanic orig	in
	5. SOCIAL SECURITY ^O AND MEDICARE NUMBERS ^O [C in 1 st box if non med. no.]		urity Number		
•	PROVIDER NO.	a. State No. b. Federal No.			·
8	NO. ["+" if pending, "N" if not a Medicald recipient] 0	[Note Other o	odes do not apply to this form		
		Primary reas Admissio Annual as Significan Significan Ouarterly	on for assessment n assessment (required by da ssessment t change in status assessment t correction of prior full assess review assessment t correction of prior guarantee	ny 14) nt sment	
		2. Medicare 3. Medicare 4. Medicare 5. Medicare 6. Other stat 7. Medicare 8. Other Medicare	ssessments required for Me 5 day assessment 30 day assessment 60 day assessment 90 day assessment readmission/return assessment o required assessment 14 day assessment ficare required assessment	ent .	State
9.	SIGNATURES	OF PERSON	IS COMPLETING THESE IT	TEMS:	
a.S	gnatures		Title	· · · · · · · · · · · · · · · · · · ·	Date
b.					Date

GENERAL INSTRUCTIONS

Complete this information for submission with all full and quarterly assessments (Admission, Annual, Significant Change, State or Medicare required assessments, or Quarterly Reviews, etc.)

= When box blank, must enter number or letter = When letter in how check if assertion assetion

 $[\]Theta$ = Key items for computerized resident tracking

Reside	m	

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BACKGROUND (FACE SHEET) INFORMATION AT ADMISSION

):CTION	AB. DEMOGRAPHIC INFORMATION
`.	ï	I. DATE OF	Date the stay began Note. December 1
	1	ENTRY	closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date
•	ı		
	r	2. ADMITTE	Month Day Year
	ı	FROM	2. Private home/ant with home health services
	ı	(AT ENTR	4. Nursing home
	ı		5. Acute care hospital 6. Psychiatric hospital, MR/DD facility
		1	7. Renabilitation hospital
	h	3. LIVED	8. Other 0. No
	l	ALONE (PRIOR TO	1 1/4
	L	ENTRY)	2. In other facility
	1	PRIOR	F
		PRIMARY	
	7	RESIDENCE RESIDEN	
		TIAL HISTORY	entry given in item AB1 above)
		5YEARS	Prior stay at this nursing home
		PRIOR TO ENTRY	Stay in other nursing home
-			Other residential facility—board and care home, assisted living, group
1		1	
- 1		1	MH/psychiatric setting
-		ļ	MH/DD setting .
ŀ	6.	UFETIME	NONE OF ABOVE
-	٠.	OCCUPA-	
J.	چې چې	TON(S) 为 Put "/"	
		etween two	
٠ <u>.</u>	٠	EDUCATION	
1		(Highest Level	2. 8th grade/less 6. Some college
L		Completed)	3. 9-11 grades 6. Some college 4. High school 7. Bachelor's degree 8. Graduate degree
l	8.	LANGUAGE	(Code for correct response)
1	i		a. Primary Language
ı			0. English 1. Spanish 2. French 3. Other
L			
1	9.	MENTAL HEALTH	Does resident's RECORD indicate any history of mental retardation,
F	ᆡ	HISTORY	0. No
١,	۰·۱		(Check all conditions that are related to MF/DD status that were manifested before age 22, and are likely to continue indefinitely)
	-	MR/DD STATUS	Not applicable—no MR/DD (Skip to AB11)
			MR/DD with organic condition
			Down's syndrome
	.	•	Autism to.
		.	Epilepsy c.
l	1	}	Other organic condition related to MR/DD
			MP/DD with no organic condition
11	+	DATE	t.
		BACK- GROUND	[] [] [] [] [] [] [] [] [] []
		INFORMA-	
	b	TION OMPLETED	Month Day Year
		•	
			Ī

= When box blank, must enter number or letter = When letter in the chart if appetition applies

SECTION AC. CUSTOMARY ROUTINE

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W.
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SECTION AD. FACE SHEET SIGNATURES

NS COMPLETING FACE SI	HEET:	
Coordinator	· .	Date
Title	Sections	Date
		*Date
	NS COMPLETING FACE SI	

MINIMUM DATA SET (MDS) — VERSION 2.0

FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING FULL ASSESSMENT FORM

(Status in last 7 days, unless other time frame indicated)

0.5	70114			D D 4 O 1 / O D								
SI		IDENTIFICATIO	N AN	DBACKGRO	DUND INFOR	RMATION	3.	MEMORY/ RECALL	(Check all that residen last 7 days)	t was no	rmally able to recall during	
	HESIDENT NAME						1	ABILITY	Current season			
(Hill)	,	a. (First)	b. (Mid	kdle Initial)	c. (Last)	d. (Jr/Sr)		1	Location of own room	<u></u>	That he/she is in a nursing home	d.
2	ROOM					(00.7)		ļ	Staff names/faces	a a	NONE OF ABOVE are recalled	e.
1	NUMBER						4.		(Made decisions regar	ding task		
3	ASSESS-	a. Last day of MDS of	heenzeti	on period				SKILLS FOR DAILY	0. INDEPENDENT-d	ecisions	mnsistent/reasonable	
1	MENT	 					1	DECISION-	1. MODIFIED INDEPE	NDENC	E-some difficulty in new situation	s $ extstyle ag{7}$
	REFERENCE					:	1	MAKING	I only		decisions poor; cues/supervision	Ł
	DAIL	Month	Day		ear ear		1	1	required		•	
1		b. Original (0) or corre	ected cor	ov of form (enter r	number of correction	(nc	<u> </u>		3. SEVERELY IMPAIR	ED-nev	ver/rarely made decisions	
4a.	DATE OF	Date of reentry from					5.	INDICATORS OF	(Code for behavior in the requires conversation	ie last 7 i is with s	days.) [Note: Accurate assessn taff and family who have direct	nent
	REENTRY	last 90 days (or sinc	e last a	ssessment or ac	imission if less th	ran 90 days)	1	DELIRIUM-	of resident's behavior	over th	is time].	u iowieo,
	1			_ 				PERIODIC DISOR-	0. Behavior not present			
1		-	1	-		l	1	DERED	1. Behavior present, no	t of rece	nt onset days appears different from reside	
		Month	Day	Yex	ar			THINKING/ AWARENESS		onseto	uays appears unierent from reside ir worsening)	nts usua
5.	MARITAL	1. Never married		idowed	5. Divorced		1	The state of the s	a. EASILY DISTRACTE	D(e.g	, difficulty paying attention; gets	
1	STATUS	2. Married	4. Se	eparated			Ì		sioetrackeo)			
6.	MEDICAL RECORD		TT			1			b. PERIODS OF ALTE	RED PE	RCEPTION OR AWARENESS O	r 💻
L	NO.	<u> </u>						ł	present believes he/	-(e.g., m she is so	oves lips or talks to someone not mewhere else; confuses night and	. 1
7.	CURRENT	(Billing Office to indica	ate; chec	k all that apply i	n last 30 days)		1	l	day)			
1	PAYMENT	Medicaid per diem		VA per diem					c EPISODES OF DISC	ORGANI	ZED SPEECH—(e.g., speech is	
1	FOR N.H.		<u>a.</u>	-		F	1		incoherent, nonsensi subject; loses train of	cal, intere	evant, or rambling from subject to	- 1
1	STAY	Medicare per diem	b.	_ Sear or namuty p	ays for full per die	n g.		1	1	•		
1		Medicare ancillary		Medicaid resid	lent liability or Med	icare			clothing, napkins, etc	; frequer	ESS—(e.g., fidgeting or picking at a at position changes; repetitive physic	sion,
1		part A Medicare ancillary	<u>-</u>	co-payment	nce per diem (inclu	esa III			movements or caming) out)		
1		part B	<u>d.</u>	_ co-payment)	ve her merri (sircin	L L]	e. PERIODS OF LETH	ARGY-	(e.g., sluggishness; staring into sp	ace;
		CHAMPUS per diem	e.	Other per dien	1				Cillicuit to arouse; nui	e body ir	novement)	
8.	REASONS	a Primary reason for	assassa	nent			1	Ì	f. MENTAL FUNCTION	VARIES	S OVER THE COURSE OF THE r, sometimes worse; behaviors	. ===
i	FOR SESS-	Admission asse Annual assessn	issment i Dent	(required by day :	14)		<u> </u>		sometimes present, s	sometim	es not)	
1.0	JENT	3. Significant chan	ge in sta	atus assessment			6.	CHANGE IN	Resident's cognitive state	us, skills	, or abilities have changed as	
	ote-If this	4. Significant corre 5. Quarterly review	ction of p	prior full assessm	ent	1	1	STATUS	than 90 days)	o ays a	go (or since last assessment if les	s
}	a discharge	6. Discharged—re	turn not	anticipated			ــــــــــــــــــــــــــــــــــــــ	<u> </u>	0. No change	1. Impr		ــــــــــــــــــــــــــــــــــــــ
	or reentry	7. Discharged—re										
1		8. Discharged prio	c to com	rcipateo pletino initial asse	ssment		SE	CTION C	CONTRACTOR	N/LIE/	ADIMO DATTEDNO	
	assessment, only a limited	8. Discharged prio 9. Reentry	r to com	pleting initial asse							ARING PATTERNS	
	assessment, only a limited subset of MDS items	8. Discharged prio	r to com	pleting initial asse			SE 1.		(With hearing appliance	, if used)		
	assessment, only a limited subset of MDS items need be	Discharged prior Reentry 10. Significant corre NONE OF ABC	rto com ction of p IVE	pleting initial asse prior quarterly as:	sessment	State			(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICULT	, <i>if used</i>) LY—norr Ywhen	mai talk, TV, phone	
	assessment, only a limited subset of MDS items	8. Discharged prio 9. Reentry 10. Significant corre 0. NONE OF ABC b. Codes for assessi 1. Medicare 5 day	r to com ction of p WE ments re	pleting initial asse prior quarterly ass equired for Medioned	sessment	State			(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICUL 2. HEARS IN SPECIAL	, if used) LY—norr Ywhen SITUAT	mal talk, TV, phone not in quiet setting	st
	assessment, only a limited subset of MDS items need be	B. Discharged prio Reentry Significant corre NONE OF ABC Medicare 5 day Medicare 30 da Medicare 80 da	r to comp oction of p WE ments re assess y assess y assess y assess	pleting initial asse prior quarterly ass equired for Medi- nent sment sment	sessment	State			(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICUL 2. HEARS IN SPECIAL	, if used) LY—norr Ywhen SITUAT	mal talk, TV, phone not in quiet setting	st
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	assessment, only a limited subset of MDS items need be	B. Discharged prio Reentry Significant come NONE OF ABC Medicare 5 day Medicare 30 day Medicare 90 day Medicare readr Medicare readr Medicare readr	r to comp ction of p WE ments re assessing ass	pleting initial asset prior quarterly ass equired for Media ment sment sment sment sturn assessment	sessment care PPS or the S	State	1.	HEARING COMMUNI- CATION DEVICES/	(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICULI 2. HEARS IN SPECIAL tonal quality and spec 3. HIGHLY IMPAIRED's (Check all that apply di Hearing aid, present and	i i used) LY—norr Y when SITUAT ak distinct bsence ouring last	mal talk, TV, phone not in quiet setting IONS ONLY—speaker has to adju thy of useful hearing t 7 days)	2.
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9.	assessment, only a limited subset of MDS items need be completed] RESPONSI- BILITY/	8. Discharged prio 9. Reentry 10. Significant come 0. NONE OF ABO b. Codes for assessi 1. Medicare 5 day 2. Medicare 30 day 3. Medicare 90 day 4. Medicare 90 day 5. Medicare reach 6. Other state requ 7. Medicare 14 day 8. Other Medicare (Check all that apply) Legal guardian	r to com ction of IVE ments re assessey assess y assess y assess y assess y assess y assess y assess required	pleting initial asse prior quarterly ass equined for Media ment sment sment sment etum assessment etsment d assessment Durable power Family membe	sessment care PPS or the S rattomey/financial er responsible sible for self	d. e. t.	2.	COMMUNI- CATION DEVICES/ TECH- NIQUES	(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICUL1 2. HEARS IN SPECIAL tonal quality and spec 3. HIGHLY IMPAIREDIA (Check all that apply of Hearing aid, present and Other receptive comm. to NONE OF ABOVE (Check all used by resi Speech Writing messages to	i, if used) LY—non TY when SITUAT ak distinct bsence ouring last di used if not use echnique dent to re a.	mal talk, TV, phone not in quiet setting IONS ONLY—speaker has to adju tity of useful hearing t 7 days) d regularly as used (e.g., lip reading)	8. b. c. d.
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10.	assessment, only a limit only a limit only a limit of subset of MDS items need be completed. RESPONSIBILITY/ LEGAL. GUARDIAN ADVANCED DIRECTIVES CTION B. COMATOSE	8. Discharged prio 9. Reentry 10. Significant corre 0. NONE OF ABO b. Codes for assessi 1. Medicare 5 day 2. Medicare 30 day 3. Medicare 60 day 4. Medicare 90 day 5. Medicare 14 day 8. Other state requ 7. Medicare 14 day 8. Other Medicare (Check all that apphy) Legal guardian Other legal oversight Durable power of attorney/health care (For those items with s record, check all that Living will Do not resuscitate Do not hospitalize Organ donation Autopsy request COGNITIVE PAT (Persistent vegetative: 0. No (Flecall of what was lee a. Short-term memory 0. Memory OK b. Long-term memory	r to com ction of over ments reassessor sassessor assessor asser asse	pleting initial asset prior quarterly asset prior ment is ment is ment in the prior of the property of the prior	rattomey/financial rattomey/financial responsible sible for self OVE n in the medical tions trictions trestrictions OVE	d. t. g. t.	3. 4. 6. 6.	MAKING SELF UNDERSTOOD SPEECH CLARITY ABILITY TO UNDERSTAND OTHERS CHANGE IN COMMUNICATION!	(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICUAL 1. MINIMAL DIFFICUAL 2. HEARS IN SPECIAL 1. HEART SIN SPECIAL 1. HEART SIN SPECIAL 1. HEART SIN SPECIAL 1. HEART SIN SERVICE 1. HEART SIN SERVICE 1. HEART SPECIAL 1. UNCLEAR SPECH— 1. UNCLE	a. It used LY—norm LY—when LY—norm LY—when LY—norm	mai talk, TV, phone not in quiet setting ION'S ONLY—speaker has to adju tity of useful hearing to T days) Id regularly as used (e.g., lip reading) Take needs known) Signs/gestures/sounds Communication board Other NONE OF ABOVE —however able) Sifficulty finding words or finishing D—ability is limited to making conc DOUD Tys) Itelligible words In content—however able) may miss some part/intent of IS—responds adequately to simple AW/DS erstand, or hear information has to 90 days ago (or since last	a. b. c. d. e. t. g.
10. 1. 2.	assessment, only a limited subset of MDS items need be completed. RESPONSIBILITY/ LEGAL GUARDIAN ADVANCED DIRECTIVES COMATOSE TORY	8. Discharged prio 9. Reentry 10. Significant corre 0. NONE OF ABO b. Codes for assessi 1. Medicare 5 day 2. Medicare 30 day 3. Medicare 60 day 4. Medicare 90 day 5. Medicare 14 day 8. Other state requ 7. Medicare 14 day 8. Other Medicare (Check all that apphy) Legal guardian Other legal oversight Durable power of attorney/health care (For those items with s record, check all that Living will Do not resuscitate Do not hospitalize Organ donation Autopsy request COGNITIVE PAT (Persistent vegetative: 0. No (Flecall of what was lee a. Short-term memory 0. Memory OK b. Long-term memory	r to com ction of over ments re assessor y assess y asses	pleting initial asset prior quarterly asset prior ment is ment in the prior of the pri	attomey/financial ar responsible sible for self CVE an in the medical trictions trictions trestrictions cover a second after 5 minutes after 5 minutes at least after 5 min	d. e. t. g. f. g. h. L	3. 4. 5. 7.	MAKING SELF UNDERSTOOD SPEECH CLARITY ABILITY TO UNDERSTAND OTHERS CHANGE IN COMMUNICATION!	(With hearing appliance 0. HEARS ADEQUATE 1. MINIMAL DIFFICUL 2. HEARS IN SPECIAL tonal quality and spec 3. HIGHLY IMPAIREDIT (Check all that apply of Hearing aid, present and Hearing aid, present and Other receptive comm. It NONE OF ABOVE (Check all used by resi Speech Writing messages to express or clarify needs American sign language or Braille (Expressing information 0. UNDERSTINDERS I 1. USUALLY UNDERS I 1. USUALLY UNDERS I 1. UNCLEAR SPEECH—d 1. UNCLEAR SPEECH—d 1. UNCLEAR SPEECH—d 1. UNDERSTANDS 1. USUALLY UNDERS I 1. USUALLY UNDERS	a. It used LY—norm LY—when LY—norm LY—when LY—norm	mal talk, TV, phone not in quiet setting TON'S ONLY—speaker has to adjustly of useful hearing of regularly as used (e.g., lip reading) Take needs known) Signs/gestures/sounds Communication board Other NONE OF ABOVE —however able) Sifficulty finding words or finishing D—ability is limited to making concounty Tone words telligible words telligible words oken w	a. b. c. d. e. t. g.

SECTION D. VISION PATTERNS

1.	VISION	(Ability to see in adequate light and with glasses if used)	
		O. ADEQUATE—sees fine detail, including regular print in newspapers/books 1. IMPAIRED—sees large print, but not regular print in newspapers/books 2. MODERATELY IMPAIRED—limited vision; not able to see newspaper headlines, but can identify objects 3. HIGHLY IMPAIRED—object identification in question, but eyes appear to follow objects 4. SEVERELY IMPAIRED—no vision or sees only light, colors, or shapes; eyes do not appear to follow objects	
2.	VISUAL LIMITATIONS/ DIFFICULTIES	Side vision problems—decreased peripheral vision (e.g., leaves food on one side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self) Experiences any of following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes NONE OF ABOVE	a.
		NONE OF ABOVE	C.
3.	VISUAL APPLIANCES	Glasses; contact lenses; magnifying glass 0. No 1. Yes	

3.	APPLIANCES	0. No 1. Yes	nywng glass							
		OOD AND BEHAVIOR P								
1.	INDICATORS OF	assumed cause)	d in last 30 days, irrespective of the							
	DEPRES- SION,). Indicator not exhibited in last 30 days I. Indicator of this type exhibited up to five days a week								
	ANXIETY,	2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)								
	SAD MOOD	VERBAL EXPRESSIONS OF DISTRESS	h. Repetitive health complaints—e.g.,							
	•	a. Resident made negative	persistently seeks medical attention, obsessive concern							
		statements—e.g., Nothing matters; Would rather be	with body functions							
		dead; What's the use; Regrets having lived so	i. Repetitive anxious							
		long; Let me die"	complaints/concerns (non- health related) e.g.,							
,		b. Repetitive questions—e.g.,	persistently seeks attention/ reassurance regarding							
		"Where do I go; What do I do?"	schedules, meals, laundry, clothing, relationship issues							
		c. Repetitive verbalizations-	SLEEP-CYCLE ISSUES							
		e.g., calling out for help, ("God help me")	J. Unpleasant mood in morning							
			k. Insomnia/change in usual							
	: h.	d. Persistent anger with self or others—e.g., easily	sleep pattern							
)	annoyed, anger at placement in nursing home;	SAD, APATHETIC, ANXIOUS APPEARANCE							
	· 	anger at care received	I. Sad, pained, womed facial							
		e. Self deprecation—e.g., *I am nothing; I am of no use	expressions—e.g., furrowed brows							
		to anyone"	m. Crying, tearfulness							
		f. Expressions of what appear to be unrealistic	n. Repetitive physical							
		fears—e.g., fear of being abandoned, left alone,	movements—e.g., pacing, hand wringing, restlessness,							
		being with others	fidgeting, picking							
		g. Recurrent statements that something terrible is about	LOSS OF INTEREST o. Withdrawal from activities of							
		to happen—e.g., believes	interest—e.g., no interest in							
		he or she is about to die, have a heart attack	long standing activities or being with family/friends							
Ш			p. Reduced social interaction							
2.	MOOD PERSIS-	One or more indicators of dep	ressed, sad or anxious mood were to "cheer up", console, or reassure							
	TENCE	the resident over last 7 days	• •							
		No mood 1. Indicators indicators easily alter								
3.	CHANGE	Resident's mood status has cha days ago (or since last assessn	inged as compared to status of 90							
		0. No change 1. Impr								
4.	BEHAVIORAL SYMPTOMS	(A) Behavioral symptom frequ 0. Behavior not exhibited in la	uency in last 7 days							
	31MF IOM3	 Behavior of this type occur 	red 1 to 3 days in last 7 days	- 1						
		Behavior of this type occur Behavior of this type occur	red 4 to 6 days, but less than daily red daily	ł						
		(B) Behavioral symptom altera								
		Behavior not present OR b Behavior was not easily alt		(B)						
		a. WANDERING (moved with n oblivious to needs or safety)		ΤÌ						
		b. VERBALLY ABUSIVE BEHA were threatened, screamed a								
	·)		HAVIORAL SYMPTOMS (others	\square						
1	· · · · · · · · · · · · · · · · · · ·		E/DISRUPTIVE BEHAVIORAL							
		self-abusive acts, sexual beha	ve sounds, noisiness, screaming, avior or disrobing in public, parding, rummaged through others'							
		belongings)								
		e. RESISTS CARE (resisted tal assistance, or eating)	king medications/ injections, ADL							

5. CHANGE IN Resident's beh BEHAVIORAL days ago (or s	avior status has changed as ince last assessment if less	compared to status of 90 than 90 days)	
SYMPTOMS 0. No change	1. Improved	2. Deteriorated	<u> </u>

SECTION F. PSYCHOSOCIAL WELL-BEING

25	CHONFIF	TONOSOCIAL WELL-BEING	
1.	SENSE OF	At ease interacting with others	la.
1	INITIATIVE/	At ease doing planned or structured activities	b.
1	MENT	At ease doing self-initiated activities	G
1		Establishes own goals	d
		Pursues involvement in life of facility (e.g., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)	е.
1		Accepts invitations into most group activities	f.
		NONE OF ABOVE	g.
2.	L UNSETTLED RELATION- SHIPS	Covert/open conflict with or repeated criticism of staff	a.
		Unhappy with roommate	b.
1		Unhappy with residents other than roommate	c.
		Openly expresses conflict/anger with family/friends	-
		Absence of personal contact with family/friends	
		Recent loss of close family member/friend	,
1		Does not adjust easily to change in routines	g.
		NONE OF ABOVE	h.
3.	PAST ROLES	Strong identification with past roles and life status	
		Expresses sadness/anger/empty feeling over lost roles/status	<u>a</u>
		Resident perceives that daily routine (customary routine, activities) is	b
		very different from prior pattern in the community	C.
Ш		NONE OF ABOVE	d.

S

				_
E	CTION G. P	HYSICAL FUNCTIONING AND STRUCTURAL PRO	BLE	MS
1.	(A) ADL SELL SHIFTS o	F-PERFORMANCE—(Code for resident's PERFORMANCE OVER . furting last 7 days—Not including setup)	ALL.	
	0. INDEPEN during last	IDENTNo help or oversight	or21	imes
	l last/ days	SION—Oversight, encouragement or cueing provided 3 or more time: —OR— Supervision (3 or more times) plus physical assistance proves during last 7 days	s duri ided (ing only
	i guidea ma	ASSISTANCE—Resident highly involved in activity; received physical aneuvering of limbs or other nonweight bearing assistance 3 or more to e help provided only 1 or 2 times during last 7 days	help imes	in —
	period, he —Weight	VE ASSISTANCE—While resident performed part of activity, over last ip of billowing type(s) provided 3 or more times: bearing support if performance during part (but not all) of last 7 days	t 7-da	Ņ
		in perioritation during part (out not all) or last 7 days EPENDENCE—Full staff performance of activity during entire 7 days		
		DID NOT OCCUR during entire 7 days		
	(B) ADL SUP	PORT PROVIDED—(Code for MOST SUPPORT PROVIDED L SHIFTS during last 7 days; code regardless of resident's self-	(A)	(B)
	performan	ce classification)	兆	_
	No setup o Setup help	or physical help from staff	PE	5
	One perso	on physical assist 8. ADL activity itself did not occur during entire 7 days	SELF-PERF	SUPPORT
a.	MOBILITY	How resident moves to and from lying position, turns side to side, and positions body while in bed		
b.	TRANSFER	How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		
C.	WALK IN ROOM	How resident walks between locations in his/her room		
d.	WALK IN CORRIDOR	How resident walks in comidor on unit		
e.	LOCOMO- TION ON UNIT	How resident moves between locations in his/her room and adjacent comdor on same floor. If in wheelchair, self-sufficiency once in chair		•
f.		How resident moves to and returns from off unit locations (e.g.,		
	TION OFF UNIT	areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
g.	DRESSING	How resident puts on, fastens, and takes off all items of street clothling, including donning/removing prosthesis		
h.	EATING	How resident eats and drinks (regardless of skill), includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
•	TOU CTUCE	Ligary provides to take to let many for any mode, but any units by		

i. TOILET USE How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes

J. PERSONAL How resident maintains personal hygiene, including combing hair,—brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)

NONE OF ABOVE

	Numeric Ident								
3.	4440	Any scheduled toileting plan Bladder retraining program	a.	Did not use toilet room/ commode/urinal	£.				
	rnogradio	External (condom) catheter Indwelling catheter	b. c. d.	Pads/briefs used Enemas/irrigation Ostomy present	g. h. L				
4.	Intermittent catheter e. NONE OF ABOVE 4. CHANGE IN Resident's urinary continence has changed as compared to status of URINARY 90 days ago (or since last assessment if less than 90 days)								
	URINARY CONTI- NENCE		isessme inproved	* * *					

SECTION L. DISEASE DIAGNOSES

Check only those diseases that have a relationship to current ADL status, coording status

1.	DISEASES	(If none apply, CHECK the N	ONE C	F ABOVE box)	
		ENDOCRINE/METABOLIC/		Hemiplegia/Hemiparesis	V.
		NUTRITIONAL		Multiple sclerosis	w.
		Diabetes metitus	a.	Paraplegia	X.
- 1		Hyperthyroidism	b.	Parkinson's disease	y.
-		Hypothyroidism	<u> </u>	Quadriplegia	Z
		HEART/CIRCULATION		Seizure disorder	84.
		Arteriosclerotic heart disease (ASHD)	đ.	Transient ischemic attack (TIA)	bb.
		Cardiac dysrhythmias	e.	Traumatic brain injury PSYCHIATRIC/MOOD	œ.
		Congestive heart failure	L.	1	
ı		Deep vein thrombosis	g.	Anxiety disorder	dd.
	-	Hypertension		Depression	ee.
		Hypotension	h.	Manic depression (bipolar disease)	
1		Perioheral vascular disease	1	Schizophrenia	ff.
		Other cardiovascular disease	k.	PULMONARY	99.
		MUSCULOSKELETAL		Asthma	
Į		Arthritis	,	Emphysema/COPD	hh.
۱		Hip fracture	m	SENSORY	il.
-		Missing limb (e.g., amputation)		Cataracts	77
-		Osteoporosis	a.	Diabetic retinopathy	II.
- 1		Pathological bone fracture	0.	Giaucoma	EL.
-		NEUROLOGICAL		Macular degeneration	_
- 1		Alzheimer's disease	q.	OTHER	mm.
		Aphasia	E.	Allergies	nn.
-		Cerebral palsy	-	Anemia	00.
		Cerebrovascular accident		Cancer	-
-		(stroke)	t.	Renal failure	pp.
		Dementia other than Alzheimer's disease	u.	NONE OF ABOVE	gg. rr.
2.	INFECTIONS	(If none apply, CHECK the N	ONE O	FABOVE box)	
ļ		Antibiotic resistant infection		Septicemia	g.
١		(e.g., Methicillin resistant	a.	Sexually transmitted diseases	h.
1		staph)	ь.	Tuberculosis	Ĺ,
t		Clostridium difficile (c. diff.)		Uninary tract infection in last 30	
		Conjunctivitis	C.	days	<u> </u>
]		HIV infection	d.	Viral hepatitis	k.
١		Pneumonia	0.	Wound infection	L_
4		Respiratory infection	f.	NONE OF ABOVE	m.
3.	OTHER CURRENT	a		1_1_1_01	_ 1
I	OR MORE	b.		1111.	1
1	DETAILED				
ı	DIAGNOSES AND ICD-9	œ			ш
CODES d					_1
- 1		e.		11111	

SECTION J. HEALTH CONDITIONS

PROBLEM CONDITIONS	(Check all problems present indicated)	t in last	7 days unless other time frame	İS
	INDICATORS OF FLUID STATUS		Dizziness/Vertigo Edema	f. q.
	Weight gain or loss of 3 or more pounds within a 7 day period	a.	Fever Hallucinations Internal bleeding	h.
	Inability to lie flat due to shortness of breath	b.	Recurrent lung aspirations in last 90 days	k.
ī.	Dehydrated; output exceeds input	C.	Shortness of breath	L
,	Insufficient fluid; did NOT consume all/almost all liquids provided during last 3 days	d.	Unsteady gait Vomiting	£ 0.
	OTHER		NONE OF ABOVE	p.

Constipation

current

abilities)

Daily cleaning of teeth/dentures or daily mouth care--by resident or

NONE OF ABOVE

Music

Reading/writing Spiritual/religious Gardening or plants

Talking or conversing

NONE OF ABOVE

Helping others

	Resident.						N	lumeric Ide	ntifier	
ſ	5. PREFER	S Codo formit i								-
		IN O. No change	I. Sliaht c	hange 2 Majorobano		I	4.	DEVICES	(Use the following codes for last 7 days:)	_
1	ROUTIN	a. Type of activities in whic		t is currently involved		7	R	AND ESTRAINT:	o. Not used SI1. Used less than daily	
		b. Extent of resident involv	ement in	activities]			2. Used daily Bed rails	
		MEDICATIONS							a. — Full bed rails on all open sides of bed	E,
ï	NUMBER MEDICA	OF (Record the number of c	lifferent i	nedications used in the last 7 o	lays;		-		b. — Other types of side rails used (e.g., half rail, one side)	_
ŀ	TIONS								c. Trunk restraint d. Limb restraint	_
1	2 NEW MEDICA	(Resident currently received last 90 days)	ng medic	ations that were initiated during	the State				e. Chair prevents rising	_
ŀ	3. INJECTION	0. No 1.	Yes		i	6	5. F	HOSPITAL STAY(S)	Record number of times recident upon primited to the state of the stat	7
L	0. 110201101	the last 7 days; enter "0" it	HORR US		ng	7 -		• •	days). (Enter 0 if no hospital admissional	
	4. DAYS RECEIVE	(Record the number of D used. Note—enter "1" for k	AYS dun	ng last 7 days; enter "0" if not 7 meds used less than weekly)				MERGENCY 100M (ER) VISIT(S)	Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no ER visits)	Ī
	FOLLOWIN	IG a. Antipsychotic		d. Hypnotic		7	_			¢
	MEDICATIO	DN b. Antianxiety c. Antidepressant		e. Diuretic	-	-		VISITS	facility) how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none)	
6	ECTION D			1		8	. Pl	HYSICIAN	In the LAST 14 DAVS for since admission if the state of t	Ŧ
	1. SPECIAL	PECIAL TREATMENT	S AND	PROCEDURES ints or programs received during		.	1		tacility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter 0 if none)	İ
	TREAT- MENTS,	the last 14 days		···· or programs received (IIII)	9	9.	. AB	NORMAL	Has the resident had any abnormal laboration distinct the	
	PROCE- DURES, AN	TREATMENTS		Ventilator or respirator		¶	LA	B VALUES	(or since admission)?	
	PROGRAM	S Chemotherapy	a.	PROGRAMS	L.	╽└	Ц_		0. No 1. Yes	
		Dialysis IV medication	b	Alcohol/drug treatment		SE	СП	ON O. DI	SCHARGE POTENTIAL AND OVERALL STATUS	
	1	Intake/output	<u>c.</u>	program Alzheimer's/dementia specia		1.	.idis	CHARGE !	a. Resident expresses/indicates preference to return to the community	_
l	1	Monitoring acute medical	-	care unit	n		PO	TENTIAL	0. No 1. Yes	
		condition	e.	Hospice care Pediatric unit	0.			į	b. Resident has a support person who is positive towards discharge	
		Ostomy care Oxygen therapy	1	Respite care	p.			I	0.No 1.Yes	
		Radiation	9-	Training in skills required to				F	c. Stay projected to be of a short duration—discharge projected within	
		Suctioning	1	return to the community (e.g. taking medications, house	ا ما				0. No 2. Within 31-90 days	_
	1	Tracheostomy care	1.	work, shopping, transportation ADLs)	n,	2.	OV	/ERALL	Resident's overall self sufficiency has shopped pictiffed at	
J 1,28 31	~ ` `	Transfusions	k.	NONE OF ABOVE			CAR	E NEEDS I	than 90 days)	
	المحقودات م			er of days and total minutes e ered (for at least 15 minutes a				10	No change 1. Improved—receives fewer 2. Deteriorated—receives	
ľ		the last 7 calendar days [Note—count only post	s irmeri	I IT DODG OF LOCK than 1E min	daily)	Ш	L		supports, needs less more support . restrictive level of care	
		(A) = # Of Gavs administen	ad for 15	minutes or more DAVS	MIN	OE.	371 6	NID 40		_
		(B) = total # of minutes pr a. Speech - language patho	ovided in	last 7 days (A)	(B)			RTICIPA- 8	SESSMENT INFORMATION	
		b. Occupational therapy	logy ariu	audiology services		"	11		a. Resident: 0. No 1. Yes a. Family: 0. No 1. Yes 2. No family	
		c. Physical therapy		 - - 		الم	ı.	MENT !C	: Significant other: 0. No 1. Yes 2. None	_
		d. Respiratory therapy		-		2	SIG	INAIURES	OF PERSONS COMPLETING THE ASSESSMENT:	
		e. Psychological therapy (by health professional)	any lice	nsed mental	+++	a. Sig	gnatu	re of RN As	ssessment Coordinator (sign on above line)	
2.	INTERVEN-	(Check all interventions or	strategie	s used in last 7 days—no		b. Da	ate Ri		ent Coordinator	
	TION PROGRAMS	matter where received) Special behavior symptom ev			-				Month Day Year	
	FOR MOOD, BEHAVIOR,	Evaluation by a licensed men			a	CO	her S	ignatures		
	COGNITIVE	Group therapy		-p-v	b.	L		ng muses	Title Sections Dat	le
		Resident-specific deliberate of	hanges ir	the environment to address g bureau in which to rummage	<u>c</u>	d.			Dat	te
		Reorientation—e.g., cueing	, providir	g buteau in which to furninage		e.			Dat	e
		NONE OF ABOVE			e.	f.		·	Dat	e
3.	Nursing Rehabilita-	Record the NUMBER OF DA restorative techniques or pra			or	g.				
- 1	RESTOR-	(Enter 0 if none or less than	imitae i	ordon in the least 7 days.	-	h.			Dat	
1	Alive CARE	a. Range of motion (passive)		f. Walking	T		<u> </u>		Dat	9
		b. Range of motion (active) c. Splint or brace assistance		g. Dressing or grooming						Ī
	1	TRAINING AND SKILL		h. Eating or swallowing						
		PRACTICE IN:		. Amputation/prosthesis care						

j. Communication k. Other

d. Bed mobility e. Transfer

SECTION U. MEDICATIONS—CASE MIX DEMO

List all medications that the resident received during the last 7 days. Include scheduled medications that are used regularly, but less than weekly.

1. Medication Name and Dose Ordered. Record the name of the medication and dose ordered.

2. Route of Administration (RA). Code the Route of Administration using the following list:

1=by mouth (PO)

5=subcutaneous (SO)

8=inhalation

1=by mouth (PO) 5=subcutaneous (SQ) 8=inhalation 2=sub lingual (SL) 6=rectal (R) 9=enteral tube 3=intramuscular (IM) 7=topical 10=other

4=intravenous (IV)

3. Frequency. Code the number of times per day, week, or month the medication is administered using the following list:

PR=(PRN) as necessary

1H=(QH) every hour

2D=(BID) two times daily

4W=4 times each week

4W=4 times each week

5W=five times each week

5W=six times each week

4H=(Q4H) every four hours

4D=(QID) four times daily

5D=five times daily

4M=(Q month) once every month

6H=(Q6H) every six hours 1W=(Q week) once each wk 2M=twice every month 8H=(Q8H) every eight hours 2W=two times every week C=continuous

1D=(QD or HS) once daily 3W=three times every week C=continuous 2W=two times 2W=two t

4. Amount Administered (AA). Record the number of tablets, capsules, suppositories, or liquid (any route) per dose administered to the resident. Code 999 for topicals, eye drops, inhalants and oral medications that need to be dissolved in water..

5. PRN-number of days (PRN-n). If the frequency code for the medication is "PR", record the number of times during the last 7 days each PRN medication was given. Code STAT medications as PRNs given once.

6. NDC Codes. Enter the National Drug Code for each medication given. Be sure to enter the correct NDC code for the drug name, strength, and form. The NDC code must match the drug dispensed by the pharmacy.

1. Medication Name and Dose Ordered	2. RA	3. Freq	4. AA	5. PRN-n	6. NDC Codes							
		•									T	П
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						Ц	\bot	1		\perp	\perp	Ц
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						Ш				$oldsymbol{\perp}$	L	\prod

Numeric Identifier MDS QUARTERLY ASSESSMENT FORM RESIDENT E1. INDICATORS VERBAL EXPRESSIONS SLEEP-CYCLE ISSUES NAME OF OF DISTRESS Unpleasant mood in morning DEPRES b. (Middle Initial) d. (Jr/Sr) a. (First) c. (Last) Expressions of what SION, k. Insomnia/change in usual **A2**. ROOM appear to be unrealistic ANXIETY sleep pattern NUMBER SAD MOOD fears—e.g., fear of being abandoned, left alone. SAD, APATHETIC, ANXIOUS APPEARANCE (cont.) being with others ASSESSa. Last day of MDS observation period MENT g. Recurrent statements that Sad, pained, womied facial REFERENCE something terrible is about expressions—e.g., furrowed DATE to happen—e.g., believe he or she is about to die. Day Month m. Crying, tearfulness b. Original (0) or corrected copy of form (enter number of correction) n. Repetitive physical h. Recetitive health 443 DATE OF Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days) movements—e.g., pacing, hand wringing, restlessness, fidgeting, picking complaints—e.g., persistently seeks medical REENTRY attention, obsessive concern with body LOSS OF INTEREST functions o. Withdrawal from activities of Month Day Year interest—e.g., no interest in long standing activities or Repetitive anxious A6 MEDICAL complaints/concerns (non-RECORD being with family/iriends health related) e.g., NO persistently seeks attention/ p. Reduced social interaction. (Persistent vegetative state/no discernible consciousness) 0. No 1. Yes (Skip to Section G) **B1** reassurance regarding COMATOSE schedules, meals, laundry, clothing, relationship issues **B2** (Recall of what was learned or known MEMORY One or more indicators of depressed, sad or anxious mood were MOOD a. Short-term memory OK-X—seems/appears to recall after 5 minutes 1. Memory problem not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days PERSIS 0. Memory OK TENCE No mood 1. Indicators present, 2. Indicators present. K—seems/appears to recall long past 1. Memory problem Long-term memory OK-0. Memory OK 1. indicators easily altered not easily altered E4. BEHAVIORAL (A) Behavioral symptom frequency in last 7 days COGNITIVE B4. (Made decisions regarding tasks of daily life) Behavior not exhibited in last 7 days Behavior of this type occurred 1 to 3 days in last 7 days Behavior of this type occurred 4 to 6 days, but less than daily SYMPTOMS SKILLS FOR INDEPENDENT—decisions consistent/reasonable MODIFIED INDEPENDENCE—some difficulty in new situations DAILY DECISION 3. Behavior of this type occurred daily MAKING only 2. MODERATELY IMPAIRED—decisions poor, cues/supervision (B) Behavioral symptom alterability in last 7 days 0. Behavior not present OR behavior was easily altered required SEVERELY IMPAIRED—nevertrarely made decisions 1. Behavior was not easily altered (A) (B) (Code for behavior in the last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge a. WANDERING (moved with no rational purpose, seemingly **B5. INDICATORS** oblivious to needs or safety) OF DELIRIUM of resident's behavior over this time]. b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others PERIODIC Behavior not present were threatened, screamed at, cursed at) DISOR-1. Behavior present, not of recent onset DERED c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening) HINKING were hit, shoved, scratched, sexually abused) /ARENES d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL a. EASILY DISTRACTED—(e.g., difficulty paying attention; gets SYMPTOMS (made disruptive sounds, noisiness, screaming, sidetracked) self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' **b.PERIODS OF ALTERED PERCEPTION OR AWARENESS OF** SURROUNDINGS—(e.g., moves tips or talks to someone not present; believes he/she is somewhere else; confuses night and belongings) e. RESISTS CARE (resisted taking medications/injections, ADL day) assistance, or eating) c. EPISODES OF DISORGANIZED SPEECH—(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to G1. (A) ADL SELF-PERFORMANCE-(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup) subject; loses train of thought) INDEPENDENT-No help or oversight -- OR- Help/oversight provided only 1 or 2 times O. d. PERIODS OF RESTLESSNESS—(e.g., fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out) during last 7 days SUPERVISION—Oversight, encouragement or cueing provided 3 or more times during last7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days PERIODS OF LETHARGY—(e.g., sluggishness; staring into space; difficult to arouse; little body movement) LIMITED ASSISTANCE—Resident highly involved in activity, received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times — OR—More help provided only 1 or 2 times during last 7 days MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY—(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not) MAKING (Expressing information content—however able) EXTENSIVE ASSISTANCE—White resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: — Weight-bearing support d SELF O. UNDERSTOOD UNDER-1. USUALLY UNDERSTOOD-difficulty finding words or finishing STOOD Full staff performance during part (but not all) of last 7 days . SOMETIMES UNDERSTOOD — ability is limited to making concrete TOTAL DEPENDENCE-Full staff performance of activity during entire 7 days (A) ACTIVITY DID NOT OCCUR during entire 7 days RARELY/NEVER UNDERSTOOD How resident moves to and from lying position, turns side to side, and BED C6. **ABILITYTO** (Understanding verbal information content-however able) MOBILITY positions body while in bed UNDER-UNDERSTANDS STAND How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet) 1. USUALLY UNDERSTANDS—may miss some part/intent of TRANSFER b OTHERS . SOMETIMES UNDERSTANDS—responds adequately to simple, WALK IN c direct communication 3. RARELYNEVER UNDERSTANDS (Code for Indicators observed in last 30 days, irrespective of the How resident walks between locations in his/her room. ROOM d. WALK IN E1. INDICATORS How resident walks in comdor on unit. assumed cause) 0. Indicator not exhibited in last 30 days CORRIDOR OF DEPRES LOCOMO- Indicator of this type exhibited up to five days a week Indicator of this type exhibited daily or almost daily (6, 7 days a week) low resident moves between locations in his/her room and adja SION, ANXIETY TION comdor on same floor. If in wheelchair, self-sufficiency once in chair ON UNIT D MOOD VERBAL EXPRESSIONS c. Repetitive verbalizations-How resident moves to and returns from off unit locations (e.g., areas f. LOCOMOe.g., calling out for help, ("God help me") OF DISTRESS set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in a. Resident made negative TION OFF UNIT wheelchair, self-sufficiency once in chair d. Persistent anger with self or others—e.g., easily annoyed, anger at placement in nursing home; anger at care statements—e.g., "Nothir matters; Would rather be DRESSING How resident puts on, fastens, and takes off all items of street g.

clothing, including donning/removing prosthesis

EATING

h

Self deprecation-e.g., */ am nothing; I am of no use to

How resident eats and drinks (regardless of skill). Includes intake of

nourishment by other means (e.g., tube feeding, total parenteral

dead; What's the use;

b. Repetitive questions-Hepetitive questions—e.g.
"Where do I go; What do I

Regrets having lived so long; Let me die

	Numeric Ident	ifier	
J5.	STABILITY	Conditions/diseases make resident's cognitive, ADL, mood or behavior status unstable—(fluctuating, precarious, or deteriorating)	a.
	CONDITIONS	Resident experiencing an acute episode or a flare-up of a recurrent or	ь.
		chronic problem End-stage disease, 6 or fewer months to live	G.
		NONE OF ABOVE	d.
КЗ.	WEIGHT	a. Weight loss5 % or more in last 30 days; or 10 % or more in last	
	CHANGE	180 days 0. No 1. Yes	
		b. Weight gain-5 % or more in last 30 days; or 10 % or more in last	
		180 days 0. No 1. Yes	
K5.	NUTRI-	Feeding tube	b.
	TIONAL APPROACH-	On a planned weight change program	h.
	ES	NONE OF ABOVE	i.
V1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9 = 9 or more.) [Requires full body exam.]	Number at Stage
	cause,	Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.	
		 b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. 	
		c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue.	
		d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	
VI2.	TYPE OF	(For each type of ulcer, code for the highest stage in the last 7 days	using
	ULCER	scale in item M1—i.e., 0=none; stages 1, 2, 3, 4) a. Pressure ulcer—any lesion caused by pressure resulting in damage.	
		of underlying tissue	<u> </u>
		b. Stasis ulcer—open lesion caused by poor circulation in the lower extremities	
N1.	TIME AWAKE	(Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour	
		per time period) in the: Morning Evening	c.
		Afternoon b. NONE OF ABOVE	ď
(lf n	esident is co	matose, skip to Section O)	
N2.	AVERAGE TIME	(When awake and not receiving treatments or ADL care)	
		0. Most—more than 2/3 of time 2. Little—less than 1/3 of time 1. Some—from 1/3 to 2/3 of time 3. None	
01.	NUMBER OF MEDICA- TIONS	(Record the number of different medications used in the last 7 days, enter "0" if none used)	
04.	DAYS RECEIVED	(Record the number of DAYS during last 7 days; enter "0" if not used. Note-enter "1" for long-acting meds used less than weekly)	
	THE	a. Antipsychotic d. Hypnotic	
	FOLLOWING MEDICATION	b. Antianxiety	
٠	•	c. Antidepressant e. Diuretic	
P4.	DEVICES AND	Use the following codes for last 7 days:	
	RESTRAINTS		
		Bed raiks	
		aFull bed rails on all open sides of bed	
		b. — Other types of side rails used (e.g., half rail, one side)	
		c. Trunk restraint	ļ
	1	d. Limb restraint e Chair prevents rising	
02.	OVERALL.	e. Chair prevents rising Resident's overall level of self sufficiency has changed significantly as	
٠	CHANGE IN	compared to status of 90 days ago (or since last assessment if less than 90 days)	
	MANE MEEDS	No change 1. Improved—receives fewer 2. Deteriorated—receives supports, needs less more support	
	<u>L</u>	restrictive level of care	Ĺ
R2.	SIGNATURE	S OF PERSONS COMPLETING THE ASSESSMENT:	
a. S	ignature of RN	Assessment Coordinator (sign on above line)	
	Date RN Assess igned as compl	ernent Coordinator	
c.C	Other Signatures	S Title Sections	Date
d.			Date
			- Date
e.			Date

Date

ACCIDENTS

(Check all that apply)

Fell in past 31-180 days

Fell in past 30 days

Hip fracture in last 180 days

NONE OF ABOVE

Other fracture in last 180 days

g.

MDS QUARTERLY ASSESSMENT FORM (OPTIONAL VERSION FOR RUG III

	(01)	IONAL	VERS	ON F	OR RUG	і Ш)	
A1.	RESIDENT NAME						
L		a. (First)		b. (Midd	le Initial)	c. (Last)	d. (Jr/Sr)
IA.	ROOM NUMBER			\Box			
J	ASSESS-	a. Last day	-(1/100 -1				
	MENT	a. Last day e		DUBVES	T Period		
1	REFERENCE DATE	L.	∐_		┚┸┖┈		
			onth Où an an an	Day		Year	
A4.	DATE OF				·	ter number of corre brary discharge to	
	REENTRY	last 90 day	s (or sinc	e last as	sessment o	or admission if les	s than 90 days
			— r	1	l [
		Mon	<u>_</u> [Day		Year	
A6.	MEDICAL	,,,,,,	··	1 1		1641	
	RECORD NO.				<u> </u>]
B1.	COMATOSE	(Persistent 1	regetative	state/no 1.Yes		consciousness)	
B2.	MEMORY	(Recall of wi	hat was le			to Section G	
						rs to recall after 5 m	inutes
		0. Memor	•		mory proble	m rs to recall long past	
		0. Memor			mory proble		
В3.	MEMORY/ RECALL	(Check all t last 7 days)		nt was n	ormally abl	e to recall during	
	ABILITY	Current sea		a.	That he/si	ne is in a nursing ho	me .
		Location of a Staff names		b.	f	ABOVE are recall	<u> </u>
B4.	COGNITIVE	(Made decis					, e.
	SKILLS FOR DAILY	ľ	•	•	consistent/	•	
	DECISION- MAKING					lifficulty in new situa	tions
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ATELY IM	PAIRED-	-decisions p	ooor; cues/supervisi	ion
) ("	1	3. SEVERE				ade decisions	
	NDICATORS	(Code for be requires co	ehavior in Inversatio	the last 7 ons with	' days.) [No staff and fa	ote: Accurate asse mily who have din	ssment ect knowledge
	DELIRIUM— PERIODIC	of resident			ris time].		•
	DISOR- DERED	 Behavior Behavior 	nresent r	YOT OF TROO	ent onset		
	THINKING/ AWARENESS	2. Benavior functionin	present, o ng (e.g., no	overlast/ ow onset	or worsenin	ars different from re: g)	SICIENTS USUAI
		a. EASILY (TED-(e.	g., difficulty	paying attention; ge	ts
				ERED PI	ERCEPTIO	N OR AWARENES	SOF
			JNDINGS believes h	, 'wa.	10100 1400	r talks to someone r else; confuses night	not and
		day)				3	
						ECH-(e.g., speect mbling from subject	
		subject; i	oses train	of though	rt)		
1						., fidgeting or picking changes; repetitive p	
	<u>.</u> .		nts or call		/a.m. akum	niaha ana atadaa int	2 222 22
					movement)	gishness; staring int	o space,
						HE COURSE OF T es worse; behaviors	
C4.	MAKING	sometim	es presen	t, sometir			
Γ.	SELF	0. UNDERS					
	UNDER- STOOD	1. USUALL thoughts		ISTOOD	-difficulty fi	nding words or finish	ning
		2. SOMETI requests	MES UNI		•	is limited to making	concrete
C6.	ABILITYTO	3. RARELY	<u>NEVER</u>			-however able)	
1	UNDER- STAND	O. UNDER:	STANDS		_		
1	OTHERS	message	•		•	s some part/intent o	1
)	' D	direct co	mmunicat	ion		onds adequately to s	ж үле,
	IDIOATODO	3. RARELY				days, irrespective	of the
N							
	OF DEPRES-	assumed of 0. Indicator	cause) rnot exhib		at 30 days		
	OF	assumed of 0. Indicator 1. Indicator	cause) rnot exhib rof this typ	oe exhibit	at 30 days ed up to live	days a week Imost daily (6, 7 day	/s a week)

	nument iden	uner							
E1.	OF	VERBAL EXPRESSIONS OF DISTRESS	h. Repetitive health						
	DEPRES- SION, ANXIETY.	a. Resident made negative	complaints—e.g., persistently seeks medica attention, obsessive conc	l em[
	SAD MOOD	statements—e.g., "Nothing matters; Would rather be dead; What's the use;	with body functions 1. Repetitive anxious						
į		Regrets having lived so long; Let me die	complaints/concerns (non health related) e.g.,	-					
		b. Repetitive questions—e.g., "Where do I go; What do I	persistently seeks attention reassurance regarding	- 1					
	• .	do?	schedules, meals, laundry clothing, relationship issue	s					
		c. Repetitive verbalizations— e.g., calling out for help,	SLEEP-CYCLE ISSUES						
		("God help me") d. Persistent anger with self or	 J. Unpleasant mood in mom k. Insomnia/change in usual 	- P					
		others—e.g., easily annoyed, anger at placement in nursing home;	SAD, APATHETIC, ANXIOU APPEARANCE	s					
		e. Self deprecation—e.g., */ am nothing; I am of no use	Sad, pained, womed facial expressions—e.g., furrowed brows	xd					
		to anyone* f. Expressions of what	m. Crying, tearfulness	Γ					
		appear to be unrealistic tears—e.g., fear of being	n. Repetitive physical movements—e.g., pacing,	1					
	•	abandoned, left alone, being with others	hand wringing, restlessnes fidgeting, picking	S.					
		g. Recurrent statements that something terrible is about	LOSS OF INTEREST						
		to happen—e.g., believes he or she is about to die.	 Withdrawal from activities of interest—e.g., no interest in long standing activities or 						
		have a heart attack	being with family/friends	-	\dashv				
2.	MOOD	One or more indicators of depresse	p. Reduced social interaction d, sad or anxious mood were						
	PERSIS- TENCE	not easily altered by attempts to "c the resident over last 7 days 0. No mood 1. Indicators present,	neer up", console, or reassur 2. Indicators present,	e					
-4	REHAVIORAL	indicators easily altered (A) Behavioral symptom frequency	not easily altered						
-	SYMPTOMS	O. Behavior not exhibited in last 7 of 1. Behavior of this type occurred 1 2. Behavior of this type occurred 4 3. Behavior of this type occurred decreased the second of the stype occurred decreased the second of	lays to 3 days in last 7 days to 6 days, but less than daily						
.		(B) Behavioral symptom alterability	in last 7 days						
	•	Behavior not present OR behavior. Behavior was not easily altered. WANDERING (moved with no rational contents)		(A)	(B)				
		oblivious to needs or safety) b. VERBALLY ABUSIVE BEHAVIOR							
		were threatened, screamed at, cur c. PHYSICALLY ABUSIVE BEHAVK were hit, shoved, scratched, sexua	DRAL SYMPTOMS (others						
		d. SOCIALLY INAPPROPRIATE/DIS	RUPTIVE BEHAVIORAL						
		SYMPTOMS (made disruptive sou self-abusive acts, sexual behavior smeared/threw food/feces, hoardin belongings)	or disrobing in public,						
	•	RESISTS CARE (resisted taking reassistance, or eating)	nedications/injections, ADL						
Ħ.	(A) ADL SELF	PERFORMANCE—(Code for reside	nt's PERFORMANCE OVER A	ш	\dashv				
		u ring last 7 daysNot including set u IDENTNo help or oversightOR 7 days	•	or2f	imes				
	last7 days	SION—Oversight, encouragement or —OR—Supervision (3 or more times s during last 7 days							
	2. LIMITED / guided ma	ASSISTANCE—Resident highly involvence or the convergence of timbs or other nonweight	bearing assistance 3 or more ti	help i mes	in				
	3. EXTENSI	e help provided only 1 or 2 times during VE ASSISTANCE—While resident per Ip of following type(s) provided 3 or mo	g last 7 days formed part of activity, over last						
	Weight-bearing support Full staff performance during part (but not all) of last 7 days 4. TOTAL DEPENDENCE—Full staff performance of activity during entire 7 days								
		DID NOT OCCUR during entire 7 day							
	OVER AL	PORT PROVIDED—(Code for MOST L SHIFTS during last 7 days; code n ce classification)		(A)	(B)				
	0. No setup o	r physical help from staff		7ERF	툊				
			ADL activity itself did not occur during entire 7 days	SELF-PERF	UPPOR				
a.	BED	How resident moves to and from lying		.x	ফ				
b.	MOBILITY	and positions body while in bed How resident moves between surface	es—to/from: bed, chair.	-					
		wheelchair, standing position (EXCLU							

	Resident						Numeric Iden	tifier			
G1	•			(A)	(B)	Н3.	APPLIANCES	Any scheduled toileting plan	т	Indwelling catheter	
C		How resident walks between loca	tions in his/her room	T			I AND		a	1_	<u>a</u>
d	ROOM WALK IN CORRIDOR	How resident walks in comidor on		\vdash	H		PHOGRAMS	Bladder retraining program External (condorn) catheter	b.	Ostomy present NONE OF ABOVE	1
-	OCOMO-	How resident moves between loc	ations in his/her more and	-		Ch	eck only those		C.	current ADL status, cognitive st	<u> -</u>
	TION ON UNIT	adjacent comidor on same floor. If once in chair			П	11110	od and behavior dive diagnoses)	r sialus, medicai treatments, nu	irsing m	current ADL status, cognitive st ionitoring, or risk of death. (Do no	atus, ot list
807	LOCOMO-	How resident moves to and return	s from off unit locations (e.g.,			II.	DISEASES	(If none apply, CHECK the N	IONE C	FABOVE box)	
	OFF UNIT	areas set aside for dining, activitie only one floor, how resident mov	es to and from distant areas on			ı	l .	MUSCULOSKELETAL		Multiple sclerosis	w
L		the floor. If in wheelchair, self-suffic	ciency once in chair		1	1		Hip fracture	m.	Quadriplegia	Z
g	DRESSING	How resident puts on, fastens, and	d takes off all items of street			1		NEUROLOGICAL		PSYCHIATRIC/MOOD	
h	EATING	clothing, including donning/remov						Aphasia	ε.	Depression	90.
	DATING	How resident eats and drinks (reg nourishment by other means (e.g. nutrition)	arciess of skilly, includes intake of , tube feeding, total parenteral					Cerebral palsy Cerebrovascular accident	8.	Manic depressive (bipolar disease)	ff.
į.	TOILETUSE	How resident uses the toilet room transfer on/off toilet, cleanses, cha catheter, adjusts clothes	(or commode, bedpan, urinal); inges pad, manages ostomy or					(stroke) Hemiplegia/Hemiparesis	t. v.	OTHER NONE OF ABOVE	rr,
-	PERSONAL	How resident maintains personal	huriana ingliutian angelian kain	<u> </u>		12.	INFECTIONS	(If none apply, CHECK the N	ONE O	FABOVE box)	
	HYGIENE	brushing teeth, shaving, applying hands, and perineum (EXCLUDE	makeun washino/dovino face					Antibiotic resistant infection (e.g., Methicillin resistant staph)	a ,	Septicemia Sexually transmitted diseases	g. h.
G2.	BATHING	How resident takes full-body bathy	shower, sponge bath, and					Clostridium difficile (c. diff.)	b.	Tuberculosis	L
l		transfers in/out of tub/shower (EXC Code for most dependent in self	f-nerinmance)		1		Conjunctivitis		Urinary tract infection in last 3	0
l		(A) BATHING SELF PERFORMA	NCE codes appear below	_	(A)			HIV infection	4	days	<u> </u>
		Independent—No help provid			"			Pneumonia	-	Viral hepatitis Wound infection	k.
		Supervision—Oversight help		L.		1		Respiratory infection	6.	NONE OF ABOVE	L.
l		Physical help limited to transfer Physical help in new of hertical				13.	OTHER	(Include only those diseases	diagno	sed in the last 90 days that ha	ım.
l		 Physical help in part of bathing Total dependence 	g activity				CURRENT	relationship to current ADL so medical treatments, nursing m	tatus. co	oonitive status, mood or behavio	rstatu
		Activity itself did not occur dur	ina antira 7 dove				AND ICD-9	, , , , , , , , , , , , , , , , , , ,	~ no.	g, or risk or dozum	
G3.	TEST FOR	(Code for ability during test in the					CODES	a			1 1
	BALANCE	0. Maintained position as required	in test					b.		1111	1 1
	(see training manual)	Unsteady, but able to rebalance Partial physical support during to or stands (sits) but does not folk	self without physical support			J1.	PROBLEM CONDITIONS	(Check all problems present indicated)	in last	7 days unless other time frame i	is
		Not able to attempt test without Balance while standing	physical help		\dashv			INDICATORS OF FLUID STATUS		OTHER Delusions	e.
L	1	b. Balance while sitting-position,	trunk control					Weight gain or loss of 3 or		Edema	g.
(Par	ICTIONAL	(Code for limitations during last 7 placed residents at risk of injury)	days that interfered with daily func	tions (or	1		more pounds within a 7 day period	a.	Fever	h.
ند.	N RANGE OF	(A) RANGE OF MOTION	(B) VOLUNTARY MOVEME			1		Inability to lie flat due to		Hallucinations	<u>L</u>
	MOTION	No limitation Limitation on one side	0. No loss 1. Partial loss					shortness of breath	b .	Internal bleeding Recurrent lung aspirations in	 - -
٠.	3 I	Limitation on both sides Neck	2. Full loss	(A)	(B)			Dehydrated; output exceeds input	G.	last 90 days Shortness of breath	k_
		b. Arm-Including shoulder or elbo	ow ·		H			Insufficient fluid; did NOT		Unsteady gait	1
		c. Hand-Including wrist or fingers						consume all/almost all liquids provided during last 3 days	d.	Vomiting	
		d. Leg-Including hip or knee								NONE OF ABOVE	0.
	1 1	e. Foot—Including ankle or toes				J2.	PAIN	(Code the highest level of pa	in prese	ent in the last 7 days)	
_		f. Other limitation or loss					SYMPTOMS	a. FREQUENCY with which		b. INTENSITY of pain	
G6.	TOANCEED !	(Check all that apply during last	, `					resident complains or shows evidence of pain		1. Mild pain	L
Ī		Bedfast all or most of time	NONE OF ABOVE	2.			· ,	0. No pain (skip to J4)		2. Moderate pain	
		Bed rails used for bed mobility b.					1	1. Pain less than daily		3. Times when pain is homble	
G7.		Some or all of ADL activities were	broken into subtasks during last 7					2. Pain daily		or excrutiating	
L		days so that resident could perion 0. No 1. Yes	m mem			J4.		(Check all that apply)		Hip fracture in last 180 days	c.
H1.	CONTINENCE	SELF-CONTROL CATEGORIES		-	\dashv		i	Fell in past 30 days	a	Other fracture in last 180 days	d .
	(Code for resid	dent's PERFORMANCE OVER A	LL SHIFTS)		•	J5.		Fell in past 31-180 days Conditions/diseases make ms	b.	NONE OF ABOVE ognitive, ADL, mood or behavior	о.
	device that o	T—Complete control fincludes use loes not leak urine or stool]	- ,	•	'	1 1	OF	status unstable—(fluctuating, p	recario	or deteriorating) de or a flare-up of a recurrent or	8
	1. USUALLY C BOWEL, les	ONTINENT—BLADDER, incontine s than weekly	ent episodes once a week or less;					chronic problem End-stage disease, 6 or fewer i			<u>b.</u>
	2. OCCASION BOWEL, on	ALLY INCONTINENT—BLADDEF be a week	l, 2 or more times a week but not o	taily;		K1.		NONE OF ABOVE Chewing problem			d.
	3. FREOLIENT	<i>TY INCONTINENT</i> —BLADDER, t	ended to be incontinent daily but a	yyma		``'	PROBLEMS	Swallowing problem			b.
	control prese	ent (e.g., on day shift); BOWEL, 2-3	times a week	16				NONE OF ABOVE			d.
	4. INCONTINE BOWEL, all	NT—Had inadequate control BLAI (or almost all) of the time	DDER, multiple daily episodes;			K2.	AND	recent measure in last 30 days	s; meas	weight in pounds. Base weight ure weight consistently in accord after voiding, before meal, with s	i with
a.	BOWEL CONTI- ENCE	Control of bowel movement, with a programs, if employed	appliance or bowel continence				WEIGHT	staticato lacitity practice—e.g., off, and in nightclothes		m (m.) b. WT (b.)	T
-	ADDER CONTI-	Control of urinary bladder function soak through underpants), with ap	(if dribbles, volume insufficient to opliances (e.g., foley) or continence	,		Кз.	WEIGHT CHANGE	180 days	n last 3	0 days; or 10 % or more in last	
H2.	NENCE BOWEL ELIMINATION	programs, if employed Diarrhea c.	NONE OF ABOVE	0.	\exists					0 days; or 10 % or more in last	
	PATTERN	Fecal impaction d.						180 days 0. No 1. Yes			

K5.	NUTRI-	(Check all that apply in last	7 days)					
	TIONAL APPROACH-	Parenteral/IV	a.]	On a planned weight change					
	ES	Feeding tube	b.		h.				
L '				NONE OF ABOVE	L				
M.	(Due to any	(Record the number of ulcers at cause. If none present at a stag during last 7 days. Code 9 = 9	e. recor	ticer stage—regardless of rd "0" (zero). Code all that apply e.) [Requires full body exam.]	Number at Stage				
	cause)	a. Stage 1. A persistent area of skin) that does not o	skin re disappe	dness (without a break in the ear when pressure is relieved.					
		•	ision, bl	lister, or shallow crater.					
		c. Stage 3. A full thickness of s tissues - presents a undermining adjace	ıs a dec	ep crater with or without					
Ш		d. Stage 4. A full thickness of s exposing muscle or	bone.						
M2.	TYPE OF ULCER	(For each type of ulcer, code to using scale in item M1—i.e.,	or the h O≕none	ighest stage in the last 7 days e; stages 1, 2, 3, 4)					
		Pressure ulcer—any lesion of underlying tissue	aused 1	by pressure resulting in damage					
		b. Stasis ulcer—open lesion ca extremities							
M4.	OTHER SKIN PROBLEMS	(Check all that apply during la Abrasions, bruises	St / 08	yəj	a.				
	OR LESIONS PRESENT	Burns (second or third degree)			b.				
	PRESENT	Open lesions other than ulcers,			c.				
		•			ď				
		Skin desensitized to pain or pre	essure		e				
		Skin tears or cuts (other than so	urgery)		f.				
		Surgical wounds NONE OF ABOVE			g.				
M5.	SKIN	(Check all that apply during l	ast 7 d	avs)	h.				
M3.	TREAT-	Pressure relieving device(s) for		7-7	a.				
	MENTS	Pressure relieving device(s) for	bed		b.				
		Turning/repositioning program			C.				
	!	Nutrition or hydration intervention	on to m	anage skin problems	d.				
L	\	Ulcer care			е.				
1)	Surgical wound care		ut topical medications) other than	f.				
		to feet	N WILL ICE	ut topical medications) other than	g.				
		Application of ointments/medic	ations (other than to feet)	h.				
		Other preventative or protective	e skin c	are (other than to feet)	L				
_		NONE OF ABOVE	la a		ļ				
M6.	FOOT PROBLEMS	(Check all that apply during I							
	AND CARE	Resident has one or more foot bunions, hammer toes, overlap			a. ·				
		Infection of the foot-e.g., cellu	litis, pu	rulent drainage	b.				
		Open lesions on the foot			с.				
1	•	Nails/calluses trimmed during I		•	<u>d.</u>				
		Received preventative or prote inserts, pads, toe separators)	ctive fo	ot care (e.g., used special shoes,	e				
		Application of dressings (with o	or witho	ut topical medications)	£.				
1		NONE OF ABOVE	u.	an explorer to remove to f					
N1.	TIME	(Check appropriate time peri	lods ov	er last 7 days)	Ģ .				
[]"	AWAKE	Resident awake all or most of t							
	· •	per time period) in the: Morning	Even	ing	G.				
<u></u>	l. <u>.</u>	Afternoon b.		IE OF ABOVE	d_				
_		omatose, skip to Section (
N2.	AVERAGE TIME	(When awake and not receive	ing trea	arments or ADL care)					
1	INVOLVED IN	0. Most—more than 2/3 of time		2. Little—less than 1/3 of time 3. None	1				
01.	NUMBER OF MEDICA-		Record the number of different medications used in the last 7 days;						
03.	TIONS		(Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used)						
04.	DAYS	(Record the number of DAY)							
Γ".	CEIVED	used. Note—enter "1" for long	acting	meds used less than weekly)					
<u>, </u>	LOWING			d. Hypnotic					
<u> </u>	```TEDICATION	b. Antianxiety c. Antidepressant	 	e. Diuretic					
L	<u></u>	To veluochicosqui	I	<u> </u>					

	· · · · · · · · · · · · · · · · · · ·									_
P1.	SPECIAL TREAT- MENTS,	a. SPECIAL CARE- the last 14 days	-Check tn	eatmen	ts or program	ns recei	red du	ıring		
	PROCE- DURES, AND	TREATMENTS			Ventilator o	or respira	tor			
	PROGRAMS	Chemotherapy		a .	PROGRAI	MS			Ì	
		Dialysis		b.	Alcohol/dn	ug treatm	nent			
		IV medication		с.	program				EL.	_
		intake/output		đ.	Alzheimer: care unit	s/demen	ta sp	ecial	n.	- }
		Monitoring acute m condition	edicai	е.	Hospice ca	ire			d	
		Ostomy care		f.	Pediatric u				<u>p.</u>	
		Oxygen therapy		g.	Respite ca.	-		_	q.	
		Radiation		h.	Training in return to the	ie comm	unity ((e.g.,		-
		Suctioning		L	taking med work, shop				. 6	
		Tracheostomy care		ļ.	ADLs)		•		``	
		Transfusions	3	k.	NONE OF				8.	,-
		b.THERAPIES - I the following the	erapiės wa:	s admir	nistered (for	at least	15 m	inute	s a c	tay)
		in the last 7 cal					han 1	5 mil	n. dai	b)
		(A) = # of days ad	lministered	for 15	minutes or	more			MIN	\dashv
		(B) = total # of mi			<u> </u>		(A)	-	(B)	\dashv
		a. Speech - langua	• •	yy airu	audougy S	POT VICES		$\vdash \vdash$	- -	H
		b.Occupational the					<u> </u>	dash		H
		c. Physical therapy		-			Ш	\sqcup	_ _	igspace
		d. Respiratory then	• •					Ц	\perp	Ц
		e. Psychological the health profession	nal)							
P3.	NURSING REHABILITA-	Record the NUMB restorative techniq	ER OF DA	YS eac ctices w	h of the folk as provide	owing re	habili resid	itatio dent	n or for	-
	TION	more than or equ	ai to 15 m	inutes	per day in :	the last	7 day	/S		ı
	RESTOR- ATIVE CARE	(Enter 0 if none or a. Range of motion	(passive)	S IIIII.	f. Walking				T	ᅱ
		b.Range of motion			g. Dressing	or aroo	mina		-	\dashv
		c. Splint or brace as	sistance		h. Eating o		-		\vdash	\dashv
		TRAINING AND SI PRACTICE IN:	arr		i. Amputat		-	care	.	┪
		d. Bed mobility	1		j. Commu	nication			\vdash	\neg
		e. Transfer			k.Other					\neg
P4.	DEVICES	Use the following of 0. Not used	codes for la	st 7 da	ys:					
	AND RESTRAINTS	1. Used less than o	daily							
		2. Used daily Bed rails							-10	
		a Full bed rails	on all oper	n sides (of bed				Г	
		b Other types	of side rails	used (e	a.g., half rail,	one side	9)			
		c. Trunk restraint							-	
		d. Limb restraint	-ina						-	\dashv
P7.	PHYSICIAN	e. Chair prevents ris In the LAST 14 DA		o admis	eion if lose t	han 14 d	bus in	١	╁╴	\dashv
۲.	VISITS	facility) how many o	lays has the	e physic	ian (or autho	orized as	sistar	tor		
P8.	PHYSICIAN	in the LAST 14 DA					lavs in			
"	ORDERS	facility) how many of practitioner) change	days has the	e ohysic	ian (or auth)	orized as	sistar	nt or		
L		renewals without d	hange (Ent	er0 if n	one)					
Q2.	OVERALL. CHANGE IN	Resident's overall k compared to status	evel of self a of 90 days	sufficien ago (o	cy has chan r since last a	iged sigr issessm	ificant ent if i	tly as ess		
	CARE NEEDS	than 90 days) 0. No change 1. in	•	• •					35	
		j st	ipports, neo	eds less	: mx	ore supp				\Box
R2	SIGNATURE	S OF PERSONS				SMENT	:	<u> </u>		_
										l
a. S	ignature of RN	Assessment Coordin	nator (sign o	on abov	e line)					
		ment Coordinator					Т	П	7	
S	igned as compl	ete	Month	L_	ا لــــا Day	<u>-</u>	/ear	<u></u>	J	
L.,					•					
L	Other Signatures	;		Title		ections)ate
đ.										Date
e.									Ĉ)ate
f.									C	Date
g.		 								Date
h.	<u> </u>							_	(Date
•										

MDS QUARTERLY ASSESSMENT FORM (OPTIONAL VERSION FOR RUG-III 1997 Update)

	1011	TOTOL		<u> </u>					Opu	u.c,			
A1.	RESIDENT NAME												
		a. (First)		b. (Midd	le Initia	ઇ)		c. (Las	t)	d.	(Jr/Sr)		
A	ROOM UMBER												
	ASSESS- MENT	a. Last day o	MDS ob	servation	perio	ď							
1	REFERENCE DATE			Щ									
		Mo b. Original (0		Day cted cop	of for	m (en	Year ter num	ber of	соптес	tion)			
A4a	DATE OF REENTRY	Date of ree											
	ncerini .	last 50 days		e last as) SC2241	rent O	n acum	3310111	II IESS	u lati 5	o days		
		Mont	_][Day	— <u>L</u>		Year						
A6.	MEDICAL RECORD NO.							Ī					
B1.	COMATOSE	(Persistent v 0. No	egetative	state/no 1.Yes	discen	nible d (Skin	conscio	usness	3		T		
B2.	MEMORY	(Recall of wh	at was lea			<u></u>			,				
	·	a. Short-terr 0. Memor	n memory y OK	OK—se	ems/a	ppear	rs to rec	all afte	r 5 mi	nutes			
		b. Long-tem 0. Memor	n memory v OK	OK—se	ems/a mory p	ppean robler	s to rec	all long	past				
B3.	MEMORY/	(Check all ti last 7 days)	hat resider					all dur	ing				
	RECALL ABILITY	Current seas		a .	That	ho <i>l</i> oh	e is in a		na han				
		Location of o Staff names		<u>ь</u>			ABOV		•		<u>d</u>		
B4.	COGNITIVE	(Made decis		1									
	SKILLS FOR DAILY DECISION-		INDEPENDENT—decisions consistent/reasonable MODIFIED INDEPENDENCE—some difficulty in new situations										
	MAKING	only 2. MODERATELY IMPAIRED—decisions poor, cues/supervision											
		required 3. SEVERE	LY IMPAIR	<i>RED</i> —ne	vedran	ely ma	ade dec	cisions					
J= **	HCATORS OF		nversatio	ns with :	staff al	nd fai	te: Acc nily wi	urate a no hav	asses e dire	sment ct kno	wledge		
ì	PERIODIC		requires conversations with staff and family who have direct knowledg of resident's behavior over this time].										
	DISOR- DERED THINKING/	1. Behavior 2. Behavior	O. Behavior not present Behavior present, not of recent onset Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)										
	AWARENESS	a. EASILY D	ISTRACT					attentio	n; gets				
		b.PERIODS	OF ALTE	RED PE	RCE	MOIL	ORA	WARE	NESS	OF			
·		SURROU present; b day)											
		c. EPISODE incoheren subject; lo	t, nonsens	sical, ine	levant,	SPEE or rar	:CH(c nbling f	e.g., sp rom su	eechi bject 1	is O			
		d.PERIODS clothing, r movemen	iapions, et	c; freque	IESS- nt posi	(e.g., tion c	fidgetir hanges	ng or p ; repet	icking itive pl	at skin rysical			
		e.PERIODS difficult to					ishnes	s; starir	ng into	space			
		f. MENTAL DAY—(e.	3., sometir	nes bette	er, sort	netime				E			
C4.	MAKING	sometime (Expressing					able)						
	SELF UNDER-	0. UNDERS 1. USUALLY		-00018	-difficu	aty fin	dina wa	ords or	finishi	na			
	STOOD	thoughts 2. SOMETIA				-	•			٠.			
	400 00/00	requests 3. RARELYA							_				
C6.	ABILITY TO UNDER- STAND	(Understand 0. UNDERS	TANDS						•				
	OTHERS	1. USUALLY message	UNDERS		•					••·			
		2 SOMETIA direct corr 3. RARELY/	municatio	n ·		•	10S 806	aquate!	y to Si	npie,			
	ATORS	(Code for in	dicators				days, l	rrespe	ctive	of the			
٠.	DEPRES- SION,	Indicator Indicator	not exhibite of this type	exhibite	d up to	five o	days a v	week					
	ANXIETY, SAD MOOD	2. Indicator	of this type	exhibite	d daily	or air	nost da	ily (6, 7	7 days	a wee	k) 		
										•			

	Numeric iden	iller			—					
E1.	INDICATORS OF DEPRES-	OF DISTRESS	h. Repetitive health complaints—e.g., persistently seeks medical							
	SION, ANXIETY, SAD MOOD	a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use;	attention, obsessive conce with body functions I. Repetitive anxious	m						
		Regrets having lived so long; Let me die	complaints/concerns (non- health related) e.g.,	-						
		b. Repetitive questions—e.g.,	persistently seeks attention reassurance regarding	ı						
		"Where do I go; What do I do?"	schedules, meals, laundry, clothing, relationship issue	s						
		c. Repetitive verbalizations— e.g., calling out for help,	SLEEP-CYCLE ISSUES j. Unpleasant mood in morni	ina						
	Ė	("God help me") d. Persistent anger with self or	k. Insomnia/change in usual sleep pattem	-						
		others—e.g., easily annoyed, anger at placement in nursing home; anger at care received	SAD, APATHETIC, ANXIOU APPEARANCE	s						
		e. Self deprecation—e.g., "I am nothing; I am of no use	 Sad, pained, worried facial expressions—e.g., furrowe brows 							
		to anyone* f. Expressions of what	m. Crying, tearfulness	L						
		appear to be unrealistic fears—e.g., fear of being	 n. Repetitive physical movements—e.g., pacing, hand wringing, restlessnes 	٠						
		abandoned, left alone, being with others	fidgeting, picking LOSS OF INTEREST	۵,						
		g. Recurrent statements that something terrible is about	o. Withdrawal from activities of	of						
		to happen—e.g., believes he or she is about to die, have a heart attack	interest—e.g., no interest in long standing activities or being with family/friends	ן י						
L			p. Reduced social interaction							
E2.	MOOD PERSIS-	One or more indicators of depressed not easily altered by attempts to "chethe moidest over lest 7 days	, sad or anxious mood were eer up", console, or reassur	е						
	TENCE	the resident over last 7 days 0. No mood 1. Indicators present, indicators easily altered	2. Indicators present, not easily altered	ľ						
E4.	BEHAVIORAL SYMPTOMS	(A) Behavioral symptom frequency in 0. Behavior not exhibited in last 7 da	last 7 days	<u>.</u>						
	STWIF TONIS	Behavior of this type occurred 1 to Behavior of this type occurred 4 to	3 days in last 7 days 6 days, but less than daily							
		Behavior of this type occurred dail	y							
		(B) Behavloral symptom atterability in last 7 days 0. Behavior not present OR behavlor was easily altered 1. Behavior was not easily altered a. WANDERING (moved with no rational purpose, seemingly								
		obtivious to needs or safety) b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others								
		were threatened, screamed at, cursed at) c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others								
		were hit, shoved, scratched, sexually d. SOCIALLY INAPPROPRIATE/DISR	UPTIVE BEHAVIORAL							
		SYMPTOMS (made disruptive soun self-abusive acts, sexual behavior or smeared/tirrew food/feces, hoarding,	d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others'							
		belongings) e. RESISTS CARE (resisted taking medications/injections, ADL assistance, or eating)								
G1.		-PERFORMANCE—(Code for resident uring last 7 days—Not including setup)		<u></u>						
		DENT-No help or oversight -OR-H		or2t	imes					
	last7 days	SiON—Oversight, encouragement or cu OR Supervision (3 or more times) p s during last 7 days	eing provided 3 or more times plus physical assistance provi	duri ded o	ng xnly					
	2. LIMITED A guided ma ORMore	LSSISTANCE—Resident highly involved neuvering of limbs or other nonweight but help provided only 1 or 2 times during but the provided only 1 or 2 times during but the limbs of the limbs o	I in activity; received physical hearing assistance 3 or more tile ast 7 days	nelp i	<u>in</u>					
	3. EXTENSIN	/E.ASSISTANCE—While resident perfo o of following type(s) provided 3 or more	ormed part of activity, over last		- 1					
	- Full staf	bearing support f performance during part (but not all) of REALDEANCE Full stoff porformance of	•							
		PENDENCE—Full staff performance of DID NOT OCCUR during entire 7 days	activity during entire 7 days							
	OVER ALL	ORT PROVIDED—(Code for MOST S . SHIFTS during last 7 days; code reg se classification)		(A)	(B)					
	0. No setup o	r physical help from staff		ZERF	Ĕ					
		physical assist 8.	ADL activity itself did not occur during entire 7 days	SELF-PERF	SUPPORT					
а.	BED MOBILITY	How resident moves to and from lying p and positions body while in bed		. رو	H					
b.	TRANSFER	How resident moves between surfaces-	-to/from: bed, chair,							
	L	wheelchair, standing position (EXCLUD	re routout pathytoriet)		, 1					

180 days

	Resident_			_	Numeric Ide	entifier						
F	5. NUTRI-	(Check all that apply in last 7 days)		- -	P1. SPECIAL	a. SPECIAL CARE—Check	troatmo	nth occurrence in				
- 1	APPROAC	H-Parenteral/IV a On a planned weight change			TREAT-	the last 14 days	ueaune	TILS OF PROGRAMS RECEIVE	ed dunn	g		
	ES	Feeding tube b. program	h.	41	MENTS, PROCE-	_ TREATMENTS		- Vootinteer van de v				
t	VRENTER.	NONE OF ABOVE AL (Skip to Section M If neither 5a nor 5b is checked)	L	┛╽	DURES, AN	D Chemotherapy		Ventilator or respirat	or	L.		
(333)	OR ENTER	ALIA. Code the proportion of total calories the recident mass and the sound				Dialysis	<u></u>	-1				
	MIARE	parenteral or tube feedings in the last 7 days 0. None 3.51% to 75%		۹ ۱		IV medication	<u>c</u>	Alcohol/drug treatme program	ent			
`		1. 1% to 25% 4, 76% to 100%		╛╽	İ	Intake/output	d.	Alzheimer's/dementi	a specia	ı m.		
		2. 26% to 50%			į	Monitoring acute medical		care unit	•	n.		
ı		b. Code the average fluid intake per day by IV or tube in last 7 days 0. None 3.1001 to 1500 corday		4		condition	e.	Hospice care Pediatric unit		<u>a</u>		
		1. 1 to 500 cc/day 4. 1501 to 2000 cc/day 2. 501 to 1000 cc/day 5. 2001 or more cc/day				Ostomy care Oxygen therapy	<u>. </u>	Respite care		6		
M	. ULCERS	(Record the number of ulcers at each ulcer stagerecordings of	L 0	4		Radiation	9.	Training in skills more	ired to	4		
1	(Due to any	Volume II I I/ONE DIESENT AT A STAGE PROPER "OF (Zero) Code of that each	Number at Stage	Ш		Suctioning	<u>n.</u>	return to the commu taking medications, h	nity (e o	· [
-	cause)		2 2	11		Tracheostomy care	-	work, shopping, trans	sportatic	n,		
		a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.		11		Transfusions	-	ADLs) NONE OF ABOVE				
		b. Stage 2. A partial thickness loss of skin lawers that presente			1	b. THERAPIES - Record the	numbi	or of days and total -	inutes e	S.		
		cknically as an abrasion, blister, or shallow crater.				the following therapies wa in the last 7 calendar da						
		c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without		1		I finde-codut outs bost	aamiss	ION Theraniael		in. daily)		
		undermining adjacent tissue.				(A) = # of days administere (B) = total # of minutes pro	d for 15 wided in		AYS A)	MIN		
	Ì	d. Stage 4. A full thickness of skin and subcutaneous tissue is lost,		1		a. Speech - language pathok			$\frac{\sim}{1}$	(8)		
M2	TYPE OF	exposing muscle or bone. (For each type of ulcer, code for the highest stage in the last 7 days				b. Occupational therapy		_				
	ULCER	using scale in item M1—i.e., 0=none; stages 1, 2, 3, 4)				c. Physical therapy		-	+			
		a. Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue				d. Respiratory therapy	-	-	\dashv			
1		b. Stasis ulcer—open lesion caused by poor circulation in the lower				e. Psychological therapy (by	ome line	-				
L		extremities		L		nealth professional)		i_				
M4			a	P	3. NURSING	Record the NUMBER OF DA restorative techniques or pra-	YS eac	h of the following reha	bilitatio	n or		
j	PROBLEMS OR LESIONS	(composition of the degree)	b.		IION	VOICHE ITIAN OF AMILALTA 15 M	Inina.	202 Mars In the 11 W	esident days	for		
	PRESENT	Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions) Rashes—e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster	۵		RESTOR- ATIVE CARE	(Enter 0 if none or less than a. Range of motion (passive)	15 min.	daily.)				
	(Check all that apply	Skin desensitized to pain or pressure	d.		1	b. Range of motion (active)		f. Walking		\vdash		
	I during last 7	Skin tears or cuts (other than surgery)	e.			c. Splint or brace assistance		g. Dressing or groomingh. Eating or swallowing	•	-		
100	<i>ys</i>)	Surgical wounds	g.			TRAINING AND SKILL PRACTICE IN:		i. Amputation/prosthe	_			
فند	!	NONE OF ABOVE	h.	-		d. Bed mobility		j. Communication	SIS Care	\vdash		
انتني	SKIN TREAT-	Pressure relieving device(s) for chair Pressure relieving device(s) for bed	a	e. Transfer k. Other					Other			
	MENTS	Turning/repositioning program	<u>b</u>	P		Use the following codes for last 7 days:						
	(Check all	Nutrition or hydration intervention to manage skin problems	d d	ļ	AND RESTRAINTS	Not used Used less than daily						
1	that apply during last 7	Ulcer care	<u>u</u>	\dashv	l l	2. Used daily Bed rails						
	days)	Surgical wound care	1.			· · · · · ·	sides o	fhad				
		Application of dressings (with or without topical medications) other than to feet				a. — Full bed rails on all open sides of bed b. — Other types of side rails used (e.g., half rail, one side)						
		Application of ointments/medications (other than to feet)	h.			c. Trunk restraint	,	3-,				
		Other preventative or protective skin care (other than to feet)				d. Limb restraint						
M6.	FOOT	NONE OF ABOVE	ı.	P7	. PHYSICIAN	e. Chair prevents rising	- d!			—		
MO.	FOOT PROBLEMS	Resident has one or more foot problems—e.g., coms, callouses, bunions, hammer toes, overlapping toes, pain, structural problems		''	i visus i	In the LAST 14 DAYS (or since facility) how many days has the	MMX:	an income and annual	in antor			
	AND CARE	Infection of the foot—e.g., cellulitis, purulent drainage	b.	P8		practitioner) examined the resid	ent/ (E	nter 0 if none)				
	(Check all that apply	Open lesions on the foot	u	1.0	I UNUERS I	in the LAST 14 DAYS (or since facility) how many days has the	nhysicia	IN for suthorizari seciet	ant or	1 1		
	during last 7	Nails/calluses trimmed during last 90 days	<u>d</u>		1 . 1	practitioner) changed the reside renewals without change. (Ente	nre nru	ore's the net include am	ler			
1	days)	Received preventative or protective foot care (e.g., used special shoes, inserts, pads, toe separators)	е	02	OVERALL	Resident's overall level of self si	efficience	that changed cignifican	ntly as			
		Application of dressings (with or without topical medications)	t.		CARE NEEDS	compared to status of 90 days (than 90 days)	ago (or s	since last assessment i	fless			
-		NONE OF ABOVE	g. ·		1 1	No change 1. Improved—rec supports, need	xeives fe fs less	wer 2. Deteriorated— more support	receives			
N1.	TIME AWAKE	(Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour		D2	CICHATURE	restrictive level	of care	• •				
		Per sime period) in the: Nomina Evening	c.	^2	. SIGNATURE:	S OF PERSONS COMPLETI	NG THE	ASSESSMENT:				
		Afternoon b. NONE OF ABOVE	d.	_	Signature of DAL 4					<u>.</u>		
		matose, skip to Section O)			ognature of HN A Date RN Assessn	ssessment Coordinator (sign on	above I	ine)				
N2.	AVERAGE TIME	(When awake and not receiving treatments or ADL care)			igned as complet		-			1		
	INVOLVED IN	0. Most—more than 2/3 of time 2. Little—less than 1/3 of time		1		Month	Da	y Year		İ		
01	'MBER OF	1. Some—from 1/3 to 2/3 of time 3. None (Record the number of different medications used in the last 7 days)		a C	Other Signatures	To	le	Sections		Date		
1.35	EDICA- TIONS	enter "0" if none used)		L			uo	Secutifis .		Date		
اذرر	INJECTIONS	(Record the number of DAYS injections of any type received during		d.						Date		
\square		the tast / days; enter U if none used)		e.					- -	Date		
O4.	DAYS RECEIVED	(Record the number of DAYS during last 7 days; enter "0" if not used. Note—enter "1" for long-acting meds used less than weekly)		f.				<u> </u>		Date		
	THE FOLLOWING	a. Antipsychotic d. Hypnotic		-	-							
	MEDICATION	b. Antianxiety		g.						Date		
1		c. Antidepressant		h.			-			Date		

DISCHARGE TRACKING FORM [do not use for temporary visits home]

RESIDENT NAME® a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr) 2. GENDER® 1. Male 2. Female 3. BIRTHDATE® Month Day Year 4. RACE/ ETHNICITY® 2. Asian/Pacific Islander 3. Black, not of Hispanic origin Hispanic origin 5. SOCIAL SECURITY® AND MEDICARE NUMBERS® (C in 1st box if non med. no.) 6. FACILITY PROVIDER NO.® NO. ["4" if pending, "N" if not a Medicaid recipient! Medicaid recipient! Medicaid recipient! A. (Jr/Sr) D. (Middle Initial) C. (Last) D. (Jin Middle Initial) C. (Last) D. (Jin Middle Initial) C. (Last) C. (Last) D. (Jin Middle Initial) C. (Last) C. (La	DISC
2. GENDER® 1. Male 2. Female 3. BIRTHDATE® Month Day Year 4. RACE/ ETHNICTTY® 1. American Indian/Alaskan Native 4. Hispanic 5. White, not of 3. Black, not of Hispanic origin 5. White, not of Hispanic origin 6. SCURITY® AND MEDICARE NUMBERS® b. Medicare number (or comparable railroad insurance number) 6. FACILITY a. State No. 7. MEDICAID NO. ["+" if pending, "N" if not a Medicaid.	DISC
3. BIRTHDATE® Month Day Year 4. RACE/ ETHNICITY® 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 5. SOCIAL SECURITY® AND MEDICARE NUMBERS® [C in 1st box if non med. no.] 6. FACILITY a. State No. 7. MEDICAID NO. ["+" if pending, "N" if not a Medicaid.	
4. RACE/ ETHNICITY® 1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic origin 5. White, not of 3. Black, not of Hispanic origin 6. Social Security Number 6. FACILITY® a. State No. PROVIDER NO. PROVIDER NO. Product and the product of the	
4. RACE/ ETHNICTY® 1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. White, not of 3. Black, not of Hispanic origin 4. Hispanic origin 5. White, not of Hispanic origin 6. SOCIAL SECURITY® AND MEDICARE NUMBERS® [C in 1st box if non med. no.] 6. FACILITY a. State No. 7. MEDICAID NO. ["+" if pending, "N" if not a Medicald.	
3. Black, not of Hispanic origin Hispanic origin 5. SOCIAL SECURITY AND MEDICARE NUMBERS 9 [C in 1st box if non med. no.] 6. FACILITY PROVIDER NO. 7. MEDICAID NO. ["+" if pending, "N" if not a Medicaid. Medicaid.	
AND MEDICARE NUMBERS 0 [C in 1st box if non med. no.] 6. FACILITY PROVIDER NO. 0 b. Federal No. 7. MEDICAID NO. ["+" if pending, "N" if not a Medicard.	
NUMBERS 9 D. Medicare number (or comparable railroad insurance number) [C in 1* box if non med. no.] 6. FACILITY PROVIDER NO. 7. MEDICAID NO. ["+" if pending, "" if not a Medicaid. Medicaid.	
fon med. no.] 6. FACILITY PROVIDER NO. b. Federal No. 7. MEDICAID NO. ['+" if pending, "N" if not a Medicaid_ Medicaid_	
PROVIDER NO. b. Federal No. 7. MEDICAID NO. ["+" if not a Medicaid.	
NO.€ b. Federal No. 7. MEDICAID NO. ["+" if pending, "N" if not a Medicaid.	
7. MEDICAID NO. ["+" if pending, "N" if not a Medicaid	
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NO. ["+" if pending, "N" if not a Medicaid	
pending, "N" if not a Medicaid	
Medicaid	
1 (GJURTU Y 1	
B. REASONS [Note—Other codes do not apply to this form]	
FOR	
MENT	
6. Discharged—return not anticipated 7. Discharged—return anticipated 8. Discharged prior to completing initial assessment	
Signatures Title Sections Date	
Date	•
Date	

SE	CTION R. A	SSESSMENT/DISCHARGE INFORMATION	
3.	DISCHARGE STATUS	a. Code for resident disposition upon discharge 1. Private home/apartment with no home health services 2. Private home/apartment with home health services 3. Board and care/assisted living 4. Another nursing facility 5. Acute care hospital 6. Psychiatric hopital, MR/DD facility 7. Rehabilitation hospital 8. Deceased 9. Other b. Optional State Code	
4.	DISCHARGE DATE	Date of death or discharge Month Day Year	

REENTRY TRACKING FORM

		CTION A	A. IDEI	VTIFIC	ATIC	N IN	IFO	RM/	ATI	ON			
Ì	••	RESIDENT NAME O											
-	_	CENDEDA	a. (First)		b. (M	ddle Ir	itial)		č	ها) ـ:	st)	d. (Jr/Sr)
-	2.		1. Male		2.	Femal	е						
	3.	BIRTHDATE	Mo		Day]-	-[Ye	ar				
	4.	RACE/ ETHNICITY 6	2. Asian/P 3. Black, r	ot of Hiso	Alaskar nder anic on		9		4.F 5.V	lispar Vhite, Tispa	not o		
1	5.	SOCIAL SECURITY® AND	a. Social S	Security N	umber			7			7	-941	ــــــــــــــــــــــــــــــــــــــ
		MEDICARE NUMBERS 0	b. Medica	re number	(or cor	noarah	le railo	nad ir	Pa ita			sA	
L		[C in 1." box if non med. no.]						Ī		T		֓֟֟ <u>֟</u>	
ſ	6.	FACILITY PROVIDER	a. State No	λ.									
		NO.					П	П				T	
L			b. Federal	No.		İ		Ī		Ī	T	İ	П
	7.	MEDICAID NO. ["+" if				·				-			
		pending, "N" if not a Medicaid						I					
\vdash	8.	recipient] ⁰	Note-Oth	er codes o	to not s	nohr tr	thie 6	am)					
		FOR ASSESS- MENT	a. Primary	reason for			/ U # 3 K	virid					
-	9.	MATURE	9. Reent	•	·								
J.,		NATURE	S OF PER	SUNS C	OMPLI	TING	FOR	Vi					
È		natures				Title			Se	ctions	1		Date
b.													Date
6													Date
SI	EC	TION A. II	DENTIFI	CATIO	ΝΔΝ	D B	VCK(GR	NI IC	יו מו	NEC	DIA.	TION
48	4	DATE OF	Date of rec						-		-	71 (111/7)	11014
		REENTRY	Mon	[Day]-		Van	\Box				
4b	1	ADMITTED 1	. Private ho	me/ant. w	ith no h	ome h	ealth s	Yea ervic					
	1	(Al IS	2. Private ho 3. Board and	d care/ass	ntn norr isted liv	ing/gro	th serv up ho	rices me				j	
ĺ	1	5	Nursing h	e hospital								1	
		17	i. Psychiatri '. Rehabilita I. Other	c nospital, tion hospi	MR/D(tal) facilit	y					Ì	
6	\int	MEDICAL. RECORD NO.											

= When box blank must enter number or letter - When large in how should according and the

 $[\]Theta$ = Key items for computerized resident tracking